



Department: Admitting, All Nursing
Departments, Medical Records,
Medical Staff, Quality
Management, Social Services

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See the hospital intranet for approved version.

Advance Directives

POLICY SUMMARY/INTENT:

It is the policy of this facility to respect and encourage patient self-determination. Implementation of this policy will make it possible for patients to be active participants in decision-making about their care through education and inquiry. We hope that such efforts will encourage patients to communicate their preferences and values in advance to their loved ones. This communication will guide surrogates in medical decision making for the patient should the patient lose decision-making capacity. It will be the standard policy of Sunnyside Community Hospital to assume that patients want life-sustaining procedures provided unless patients indicate otherwise. Sunnyside Community Hospital does not discriminate against patients, whether or not they have Advance Directives.

DEFINITIONS:

Advance Directive means a written instruction (such as a Living Will) that addresses the desire to withhold or withdraw life-support treatment. This may also be referred to as Health Care Directives or POLST (Physicians Orders for Life-Sustaining Treatment).

POLICY COMPLIANCE – KEY ELEMENTS:

- A. Each adult (18 years of age and older) has the right to participate in healthcare decision-making to the maximum extent of his or her ability.
- B. There will be no discrimination based on whether the patient has executed an advance directive for healthcare.

GUIDELINES:

- A. Admitting Registration Clerk's Responsibilities:
 - 1. As a patient is being admitted to Sunnyside Community Hospital, the Clerk will ask the patient who is 18 years old or older if he/she has advance directives.
 - 2. The Clerk will record the patient response in the patient's chart.
 - a. If advance directives exist, ask patient/family to arrange to have copy brought to hospital as soon as feasible.
 - b. If advance directives are brought in with patient, make one copy for the Advance Directives file kept in Emergency Room Registration Desk and one copy to attach to the face sheet. **If family/patient indicates that hospital has been given a copy of advance directives previously, ask if this is still current.**
 - 3. All patients will be given brochures explaining advance directives and hospital policy at the time of admission.
 - 4. A referral will be made to Social Services by the Clerk if:
 - a. A patient or family has questions regarding advance directives.
 - b. A patient is unable to be questioned regarding the existence of advance directives.

B. Admitting Nurse's Responsibilities:

1. If advance directives accompany the face sheet, place it in the chart behind the tab marked Advance Directives.
2. If advance directives are brought to the hospital after the patient's admission, make 2 copies. Send one copy to Emergency Room Registration Desk and place one copy on the patient's chart. Document on the face sheet stamp the date and time of receipt and initial.
3. If the patient does not have advance directives and desires to discuss and/or initiate one, make a referral to Social Services. Document in the patient record the date, time and reason for referral.
4. Note that advance directives are a guide to the patient's wishes regarding end of life situations. A No Code/Limited Code Order Sheet must be completed when the patient's condition warrants. This allows the patient to reconsider specific directives based on his current situation.
5. The copy of the advance directives is a permanent part of the patient medical record.

C. Discharge Planning Responsibilities:

1. Determine if advance directives exist prior to discharge.
2. Document the presence or absence of advance directives on the Patient Transfer form when the patient is being discharged to another hospital, nursing home, Hospice or home health agency.
3. Attach a copy of the advance directives to the Patient Transfer form.

D. Education of the Staff and Community:

1. The staff of the affected departments will be oriented to their responsibilities and hospital policy.
2. Educational programs regarding advance directives will be coordinated as necessary for staff.

E. Attending Physician:

1. It is strongly recommended that physicians discuss the issue of advance directives with their patients during the course of routine care, especially if the patient is going to require hospitalization for surgery. This allows patients and their family time to discuss these complicated issues and ask for clarification.
2. Note that advance directives are a guide to the patient's wishes regarding end of life situations. A No Code/Limited Code Order Sheet must be completed when the patient's condition warrants. This allows the patient to reconsider specific directives based on his current situation.
3. The physician is encouraged to utilize Social Services to help patients complete advance directive forms.
4. The physician is encouraged to refer their patient with questions regarding ethical, spiritual, religious or value to the patient's religious leader. When a patient is referred to another physician, that physician should be made aware that advance directives exist.

REFERENCE: Patient Self-Determination Act of Omnibus Reconciliation Act of 1990 and Natural Death Act RCW 70.122.030; RCW 482.13; 42 CFR 489.102

POLICY HISTORY: 1/94, 6/97, 1/01, 2/03, 5/04, 6/04, 4/06

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